| Entity Name: LOGANSFORT CHRISTMAS FESTIVAL |
|--|
| Address: PO BOX 162, LOGANSPORT LA 71049 |
| Telephone: 318-697-3799 Email: LOGANS BRY CHRISTMAS FESTEVAL & 6 MAIL. COM |
| This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov , faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor — Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397. |
| AFFIDAVIT |
| Personally came and appeared before the undersigned authority, <u>Mavil M Almstrong</u> (officer's |
| name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all |
| material respects, the financial position of Lobansker Christmas FESTEVAL (entity's name) as |
| of 31 DEC 2022 (entity's year-end) and the results of operations for the year then ended, in |
| accordance with the basis of accounting described within the accompanying financial statements; that the |
| entity has maintained a system of internal control structure sufficient to safeguard assets and comply with |
| laws and regulations; and that the entity has complied with all laws and regulations, except as |
| follows: |
| |
| Complete if Applicable: In addition, DAVED M ARMSTRONG (officer's name), who duly sworn, |
| deposes, and says that LOLANS PORT (HRISTMAY FESTIVAL (entity's name) received \$75,000 or less |
| in revenues and other sources for the year ended 31 DEC 2022 (entity's year-end), and accordingly, |
| is not required to have an audit for the previously mentioned fiscal year. |
| JIM THEASURER |
| OFFICER'S SIGNATURE OFFICER'S TITLE |
| Sworn to and subscribed before me, this 20 day of <u>Helman</u> , 20 <u>23</u> |
| NOTARY PUBLIC SIGNATURE & SEAL JERE GUILLOTTE Notary Public - Louisiana DeSoto Parish Notary ID 157491 My commission is for life |

Entity Name: LOGANSPORT CHRSSTMAS FESTIVAL Fiscal Year End: 31 DEC 2022

Statement of Receipts and Disbursements

Identify the Basis of Accounting, if not using Cash-Basis:

Statement A

| | General Fund | Other Fund | <u>Total</u> |
|--|------------------------------------|---------------|-----------------------------------|
| RECEIPTS (Provide Brief Description): | | | A 10:44 |
| 1. DONATSONS | \$ 18,360 | _ \$ | \$ 18,360 |
| 2. PARISH FUNDS | | 2,000 | 2,000 |
| 3. STATE FUNDS | · | 1,500 | 1,500 |
| 4. SALES | 3,198 | | 3,198 |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$ 21,658 | \$ 3,500 | \$ 25,058 |
| DISBURSEMENTS (Provide Brief Description): 7. BUSINESS EXPENSES 8. JOB SUPPLIES 9. MEALS & ENTELTAINMENT 10. OTHER 11. 12. | \$ 3,914 10,193 7,812 141 | \$ 3,500 | \$ 3,914 13,693 7812 141 |
| 13. Total Disbursements (add lines 7 - 12) | \$ 22,060 | \$ 3500 | \$ 25,560 |
| 14. Change in fund balance (Lines 6 minus 13) | \$ (502) | \$ 0- | \$ (502) |
| 15. Fund Balance at beginning of year | \$ 5.389 | \$ 0- | \$ 5,389 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) | s 4.887 | s o- | c 11987 |

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

Entity Name: LOBANSPORT CHRISTMAS FESTIVAL Fiscal Year End: 31 DEC 2022

| Balance Sheet | | | | <u>S</u> 1 | tate | ement B |
|--|-----|-----------------|-----------|---------------|----------|---------|
| | _ | General Fund | | Other Fund | _ | Total |
| ASSETS (balances at year-end) | • | 11 200 | • | | | " m= |
| Cash and cash equivalents Investments (fair value) | \$ | 4,887 | <u>\$</u> | 0- | \$ | 4,887 |
| Investments (fair value) Office furnishings (Cost of desks, etc) | _ | | - | | _ | |
| 4. Equipment (Cost of fax machine, etc) | - | | | | - | |
| 5. Other (brief description) | | | _ | - | A. | **** |
| 6. Total Assets (add lines 1 - 5) | \$ | 4.887 | \$ | A - | • | 11007 |
| o. Total Assets (add lines 1 - 0) | Ψ | 7,001 | Ψ | | <u>—</u> | 4,887 |
| LIABILITIES AND FUND BALANCE (at year-end): | | | | | | |
| 7. Liabilities (brief description): | \$ | 0- | \$ | 0- | \$ | 6- |
| 8. | | | | | | |
| 9. | . — | | | | | |
| 10. | | | | - | | |
| 11. Total Liabilities (add lines 7 - 10) | | 0- | | 0- | | 0- |
| 12. Fund balance (amount from Line 16 on Statement A) | | 4,887 | | 0- | | 4,880 |
| 13. Other | | | | | _ | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$ | 4,887 | \$ | 0- | \$ | 4,887 |

Entity Name: LOGANSPORT CHRISTMAS FESTEVAL Fiscal Year End: 31 DEC 2022

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: CYNTHIA HENDRICKSON, PRESIDENT

| Purpose | Dollar Amount | | | | |
|---|---------------|--|--|--|--|
| 1. Salary | 1. | | | | |
| 2. Benefits-insurance | 2. | | | | |
| 3. Benefits-retirement | 3. | | | | |
| Benefits-other (describe) | 4. | | | | |
| 5. Benefits-other (describe) | 5. | | | | |
| 6. Benefits-other (describe) | 6. | | | | |
| 7. Car allowance | 7. | | | | |
| 8. Vehicle provided by government (if reported on your W-2) | 8. | | | | |
| 9. Per diem | 9. | | | | |
| 10. Reimbursements | 10. | | | | |
| 11. Travel | 11. | | | | |
| 12. Registration fees | 12. | | | | |
| 13. Conference travel | 13. | | | | |
| 14. Housing | 14. | | | | |
| 15. Unvouchered expenses (example: travel advances, etc.) | 15. | | | | |
| 16. Special meals | 16. | | | | |
| 17. Other | 17. | | | | |
| 18. TOTAL (enter total of line 1-17) | 18. 0 — | | | | |

Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)